

Library

Urban District of Garforth



ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Public Health Inspector

(R. A. NAYLOR, C.R.S.H., M.A.P.H.I.)

1958

WAKEFIELD :

W. H. MILNES (SUCCRS.) LTD.

GARFORTH URBAN DISTRICT COUNCIL

Chairman of the Council:

Councillor J. Parker, J.P.

Vice-Chairman:

Councillor A. A. Matthewman

Public Health Committee:

Chairman: Councillor A. A. Matthewman

Vice-Chairman: Councillor I. Spencer

Councillor S. Leigh

Councillor E. Linley

Councillor S. Oxtoby

Councillor H. Rhodes

Councillor F. W. Riley

Councillor Mrs. A. D. Thompson

Councillor P. Wall

Medical Officer of Health:

A. L. Taylor, M.D., D.P.H.

Public Health Inspector:

R. A. Naylor, C.R.S.H., M.A.P.H.I.

Clerk of the Council:

B. G. Taylor

GARFORTH URBAN DISTRICT COUNCIL
ANNUAL HEALTH REPORT
STATISTICAL MEMORANDA FOR 1958

Area in Acres	...	...	...	4,000
Registrar General's Estimate of Population for 1958				13,610
Number of Inhabited Houses, 1958, according to Rate Book	...	...	...	4,674
Rateable Value, Year commencing 1.4.58			...	£96,145
Net Product of Penny Rate, Year commencing 1.4.58				£385

VITAL STATISTICS IN 1958

				M.	F.	Total
Live Births.						
Legitimate	...	...	...	106	123	229
Illegitimate	...	...	...	5	1	6
			Total	111	124	235

Live Birth Rate per 1,000 population (corrected) 17·27

Still Births.

Legitimate	...	...	...	1	2	3
Illegitimate	...	...	...	—	—	—
			Total	1	2	3

Still Birth Rate per 1,000 live and still births 12·35

Birth Rate (live and still) per 1,000 of the estimated resident population (corrected) 17·49

Deaths.

				M.	F.	Total
All Ages	...	...	...	68	61	129
Death Rate per 1,000 of the estimated resident population (corrected)	...				11·6	

	M.	F.	Total
Deaths of Infants under 1 year ...	1	2	3
Death Rate of Infants under 1 year:—			
All Infants per 1,000 live births ...			12·76
Legitimate Infants per 1,000 legitimate live births ...			13·01
Illegitimate Infants per 1,000 illegitimate live births ...			0·0
Neo-natal Mortality Rate per 1,000 live births			8·5
Illegitimate live births per cent. of total live births			2·5
Deaths from Diarrhoea (under 2 years of age)			0
Rate per 1,000 population ...	...		0·0
Rate per 1,000 live births ...	...		0·0
Deaths from Measles (all ages) ...	...		0
Deaths from Whooping Cough (all ages) ...	...		0
Deaths from Cancer (all ages) ...	...		18

Maternal Mortality.

Deaths ...	...	0
Rate per 1,000 (live and still) births	...	0·0

RECORD OF DEATHS IN AGE GROUPS, 1958

Age	Males	Females	Total
Under 1 year ...	1	2	3
1—5 years ...	—	—	—
5—10 „ ...	—	—	—
10—15 „ ...	—	1	1
15—20 „ ...	—	—	—
20—25 „ ...	1	—	1
25—35 „ ...	3	2	5
35—45 „ ...	1	—	1
45—55 „ ...	6	4	10
55—65 „ ...	12	6	18
65—70 „ ...	7	5	12
70—75 „ ...	11	10	21
75—80 „ ...	12	15	27
80—85 „ ...	9	6	15
85—90 „ ...	4	8	12
Over 90 years... ..	1	2	3
Totals ...	68	61	129

Principal Vital Statistics for the Year 1958

			Urban District of Garforth	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population	..	..	13,610	1,175,600	454,400	1,630,000	*
Births	{	Legitimate ..	229	18,417	7,904	26,321	*
		Illegitimate ..	6	694	282	976	*
		Total ..	235	19,111	8,186	27,297	*
Still Births	{	Legitimate ..	3	430	181	611	*
		Illegitimate ..	—	20	6	26	*
		Total ..	3	450	187	637	*
Total Live and Still Births			238	19,561	8,373	27,934	*
Deaths under one year	{	Legitimate ..	3	428	215	643	*
		Illegitimate ..	—	15	9	24	*
		Total ..	3	443	224	667	*
Deaths under 4 weeks	{	Legitimate ..	2	297	147	444	*
		Illegitimate ..	—	12	5	17	*
		Total ..	2	309	152	461	*
Deaths (all causes)			129	14,998	4,453	19,451	*
				CRUDE	RATES.		
Live Birth	..	..	17.3	16.3	18.0	16.7	16.4
Death (All causes)	..	..	9.5	12.8	9.8	11.9	11.7
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D.			—	0.04	0.07	0.05	*
Tuberculosis, Respiratory			—	0.09	0.09	0.09	0.09
Tuberculosis, Other			—	0.01	0.00	0.01	0.01
Tuberculosis, All Forms			—	0.09	0.09	0.09	0.10
Cancer			1.32	2.11	1.62	1.97	2.12
Vascular lesions of Nervous system			1.76	2.13	1.41	1.93	*
Heart and Circulatory Disease			4.41	5.00	3.53	4.59	*
Respiratory Diseases			0.81	1.40	1.13	1.33	*
Maternal Mortality			—	0.41	0.48	0.43	0.43
Infant Mortality			12.8	23.2	27.4	24.4	22.5
Stillbirth			12.6	23.0	22.3	22.8	21.6

* Figures not available.

GARFORTH URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

Medical Officer of Health,

1958.

To the Chairman and Members of the
Garforth Urban District Council.

Mr. Chairman, Madam and Gentlemen,

I have pleasure in presenting for your consideration the Annual Report for your District for 1958. On the whole, the pattern of recent years has been closely followed. In general, social conditions in your District remain good, and may be said, I think, to show the steady and progressive trend of the last decade.

There is a continued and increasing demand for building land from people wishing to come to live in the Garforth area, mainly from Leeds. Considerable private building is taking place and more is planned in the immediate future. This influx of new population is, in my opinion, bound to increase the prosperity of your district.

There have been no major changes in the administration of the Health Services. Relationships have been excellent throughout and very few staffing changes have occurred. It can be claimed fairly that you are well and efficiently served in respect of all your public health functions.

Once again I should like to express my appreciation of the courtesy and consideration which I have always received at your hands. In recording this, I should like to emphasise how important I feel it to be as an encouragement to present and future endeavour.

I remain, Madam and Gentlemen,

Yours faithfully,

A. L. TAYLOR,
Medical Officer of Health.

PUBLIC HEALTH OFFICERS :

Medical Officer of Health (part-time):—

Dr. A. L. TAYLOR, M.D., D.P.H.

Chief Public Health Inspector :—

R. A. NAYLOR, Cert. R.S.H., M.A.P.H.I.

Additional Public Health Inspector :—

R. COCKERHAM, Cert. R.S.H., M.A.P.H.I.

COMMENTS ON STATISTICAL DATA

The figures here presented for your consideration give a very satisfactory picture. The Infantile Mortality Rate of 12.76 is extremely satisfactory and compares very well with last year's figure of 19.45. Fluctuations in the Infantile Mortality Rate are inevitable in dealing with such a relatively small total, but reference to the table on page 10 will show you how the ten year average has consistently and steadily fallen.

It was, perhaps, too much to hope that the very high birth rate recorded last year could be maintained. However, this year's figure of 17.49 births per thousand population can be considered to be quite satisfactory and it certainly compares well with the aggregate figure for Urban Districts.

No maternal death occurred during 1958.

Infections Disease was of no public health significance, although there was a prevalence of very mild Scarlet Fever.

Four deaths from lung cancer are recorded, all of whom were male. I have nothing to add to my comments of last year. Nothing has occurred since then to alter my conviction that there is very close association between smoking and lung cancer. Having said this, one must leave to individual discretion any modification of public habits.

It can be stated that the statistics for your District portray a very satisfactory state of public health.

Causes of Death in the Garforth Urban District, 1958

CAUSE OF DEATH				MALES.	FEMALES.
All Causes				68	61
1.	Tuberculosis, respiratory	..	..	..	..
2.	Tuberculosis, other	..	..	..	..
3.	Syphilitic disease ..	..	..	..	..
4.	Diphtheria ..	..	..	..	..
5.	Whooping Cough ..	..	..	..	..
6.	Meningococcal infections	..	..	..	..
7.	Acute Poliomyelitis	..	..	..	..
8.	Measles ..	..	..	..	..
9.	Other infective and parasitic diseases	..	..	..	1
10.	Malignant neoplasm, stomach	..	..	1	..
11.	Malignant neoplasm, lung, bronchus	..	..	4	..
12.	Malignant neoplasm, breast ..	..	..	..	..
13.	Malignant neoplasm, uterus ..	..	..	..	1
14.	Other malignant and lymphatic neoplasms	..	..	7	5
15.	Leukaemia, aleukaemia ..	..	..	..	..
16.	Diabetes ..	..	..	..	1
17.	Vascular lesions of nervous system	..	..	10	14
18.	Coronary disease, angina ..	..	..	18	13
19.	Hypertension with heart disease	..	..	..	..
20.	Other heart disease ..	..	..	9	12
21.	Other circulatory disease ..	..	..	4	4
22.	Influenza ..	..	..	..	1
23.	Pneumonia ..	..	..	1	..
24.	Bronchitis ..	..	..	2	6
25.	Other diseases of the respiratory system	..	..	1	..
26.	Ulcer of stomach and duodenum	..	..	..	..
27.	Gastritis, enteritis and diarrhoea	..	..	..	1
28.	Nephritis and nephrosis ..	..	..	..	1
29.	Hyperplasia of prostate ..	..	..	..	..
30.	Pregnancy, childbirth, abortion	..	..	..	..
31.	Congenital malformations ..	..	..	..	..
32.	Other defined and ill-defined diseases	..	..	4	3
33.	Motor vehicle accidents ..	..	..	1	..
34.	All other accidents ..	..	..	5	..
35.	Suicide ..	..	..	1	..
36.	Homicide and operations of war	..	..	..	..
Live Births.	{ Total .. .. .	..	..	111	124
	{ Legitimate .. .. .	..	..	106	123
	{ Illegitimate .. .. .	..	..	5	1
Still-Births.	{ Total .. .. .	..	..	1	2
	{ Legitimate .. .. .	..	..	1	2
	{ Illegitimate .. .. .	..	..	..	..
Deaths of Infants under 1 year of age.	{ Total .. .. .	..	..	1	2
	{ Legitimate .. .. .	..	..	1	2
	{ Illegitimate .. .. .	..	..	..	..
Population .. .. .	..	..	..	13,610	
Comparability Factors :--					
	Births .. .. .	..	..	1'00	
	Deaths .. .. .	..	..	1'23	

INFANTILE MORTALITY IN 1958

Deaths from Stated Causes under One Year of Age

CAUSES OF DEATH.	Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Acute Bronchitis	-	-	-	-	-	1	-	-	-	1
Prematurity (Extreme) ..	1	-	-	-	1	-	-	-	-	1
Pneumonia Neo-Natal Asphyxia .	1	-	-	-	1	-	-	-	-	1
Total ..	2	-	-	-	2	1	-	-	-	3

INFANT DEATHS PER THOUSAND LIVE BIRTHS

1919—1928	1929—1938	1939—1948	1949—1958	
Not Available	1929 56·6	1939 46·5	1949 30·1	
	1930 N. A.	1940 47·9	1950 15·0	
	1931 76·9	1941 77·2	1951 46·9	
	1932 N. A.	1942 38·6	1952 31·9	
	1933 150·9	1943 42·7	1953 11·3	
	1934 134·6	1944 36·1	1954 44·3	
	1935 34·5	1945 22·1	1955 48·3	
	1926 51·2	1936 81·6	1946 20·0	1956 24·3
	1927 57·6	1937 74·6	1947 31·0	1957 19·5
	1928 64·5	1938 35·7	1948 36·0	1958 12·6
	Average— 80·7	Average— 39·8	Average— 28·4	

Details of STILLBIRTHS for the past five years

Details of NEO-NATAL DEATHS for the past five years

Year	No. of Live Births	No. of Still-Births	Proportion of Stillbirths per 100 Live Births	Year	No. of Live Births	No. of Neo-Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1954	158	7	4·4	1954	158	6	3·8
1955	207	5	2·4	1955	207	9	4·3
1956	206	7	3·4	1956	206	3	1·5
1957	257	9	3·5	1957	257	4	1·6
1958	235	3	1·3	1958	235	2	0·9

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

These have continued virtually unchanged. The system of Divisional administration of the Preventive Medical Services, administered by the County Council, unites your own District with two adjoining Urban Districts. I should like to repeat my opinion that the unit thus formed is of a satisfactory size and is administratively compact and manageable. One difficulty which continues is the very inadequate direct transport service from Garforth to Rothwell in which the Divisional Office and Central Clinic are situated. This undoubtedly causes some inconvenience and on occasion involves the rather tedious journey via Leeds. Every effort is made to minimize the number of journeys which parents and children are called upon to make and there is no evidence of serious hardship.

The total population of the Division must now be creeping up to the 60,000 mark. The Medical Staffing of the Division consists of a Divisional Medical Officer who also acts as Medical Officer of Health to each of the constituent Districts. He is assisted by two full time Assistant County Medical Officers, one of whom acts as his Deputy.

The Divisional Medical Officer is responsible for the day to day administration of all the Public Health Services in your area other than the Ambulance and School Dental Services. A clerical staff of 9 is employed full time and is now barely adequate to cope with the constantly increasing complexity of routine administrative procedures. Their work has been consistently good throughout the year and I feel myself fortunate in being able to avail myself of the services of such a willing team of helpers.

Very important are the relationships between the Divisional Office and the Departmental staffs employed by yourselves. These have been excellent throughout the year and have contributed in no small measure to the harmonious running of what is, in effect, an integrated total administration.

REPORT ON THE DIVISIONAL MEDICAL SERVICES ADMINISTERED IN THE URBAN DISTRICT BY THE LOCAL HEALTH AUTHORITY

Continuing the precedent set in previous Reports, I include statistical returns relating to the services administered in the whole Health Division on behalf of the Local Health Authority.

In addition to the Medical and clerical staff previously mentioned, the services of the following personnel are available:—

9 Health Visitors, 10 Home Nurses, 7 Domiciliary Midwives, One part time Ophthalmologist, One part time Consultant Paediatrician, One part time Speech Therapist, One part time Mental Health Social Worker. In addition, the services of an Ear, Nose and Throat Surgeon are available if needed.

The Dental Clinic in Castleford is within easy travelling distance on a direct bus route.

School Medical Service.—The estimated number of school children in the Division is 8,127. In spite of the very greatly increased volume of work necessitated by the Poliomyelitis vaccination campaign, it has been found possible to carry out the routine School Medical Inspections virtually without diminution. In addition, all the necessary special examinations of children suffering from physical, mental or educational subnormality, have been undertaken as usual. In recording this, I would like to pay tribute to all concerned for the strenuous efforts which they have made to maintain such a satisfactory state of affairs. Apprehension had been voiced in certain quarters that the large amount of additional work necessitated could only be undertaken at the expense of equally important routine procedures. It is good to know that hard work and administrative flexibility have rendered such apprehensions groundless.

Verminous infestation of school children, apart from a very few mild cases, has not constituted any problem during the year. Standards of personal and community hygiene have remained high in your area.

The same can be said of nutritional standards, which remain excellent.

No waiting list exists for the provision of glasses, or for ear, nose and throat surgical treatment. This latter is readily available at either Wakefield or Leeds.

Co-operation with Divisional Education Officers and their staffs has remained uniformly good. In this field there has been a ready acknowledgment of each other's responsibilities and a positive spirit of mutual helpfulness.

In conclusion of my comments in this Section, I would like to reiterate my belief that the standards of the School Medical Service are consistently high and, in my opinion, would be difficult to improve upon.

SCHOOL MEDICAL SERVICE
MEDICAL INSPECTION AND TREATMENT
RETURN FOR THE YEAR ENDED 31st DECEMBER,
1958.

PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by years of birth)	No. of Pupils inspected	Physical condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1954 and later	85	85	98·82	1	1·18
1953	410	407	99·27	3	·73
1952	101	99	98·02	2	1·98
1951	461	455	98·7	6	1·3
1950	148	144	97·3	4	2·7
1949	20	18	90·0	2	10·0
1948	635	627	98·74	8	1·26
1947	209	208	99·52	1	·48
1946	3	3	100	—	—
1945	3	3	100	—	—
1944	288	287	99·65	1	·35
1943 and earlier	326	322	98·77	4	1·23
Total	2,689	2,657	98·81	32	1·19

**PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS
(Excluding Dental Diseases and Infestation
with Vermin)**

Age Groups Inspected. (by year of birth)	For Defective Vision (exclu- ding squint).	For any of the other conditions recorded	Total individual pupils
1954 and later ...	2	19	16
1953 ...	8	62	63
1952 ...	3	18	20
1951 ...	22	65	81
1950 ...	4	24	22
1949 ...	1	2	3
1948 ...	34	100	126
1947 ...	16	33	47
1946 ...	—	—	—
1945 ...	—	—	—
1944 ...	28	65	89
1943 and earlier ...	29	60	81
Total ...	147	448	548

OTHER INSPECTIONS

Number of Special Inspections ...	...	53
Number of Re-inspections ...	...	138
		191

INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	19,930
Total number of individual pupils found to be infested	242
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	Nil
Number of individual pupils in respect of whom cleansing orders were issued. (Section 54 (3), Education Act, 1944) ...	Nil

DEFECTS FOUND BY MEDICAL INSPECTION

DURING THE YEAR 1958

PERIODIC INSPECTIONS

Defect or Disease.	PERIODIC INSPECTIONS							
	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin	20	16	12	10	37	49	69	75
Eyes—								
a. Vision ...	13	5	32	26	102	69	147	100
b. Squint ...	1	13	—	1	9	14	10	28
c. Other ...	2	4	2	—	7	7	11	11
Ears—								
a. Hearing ...	5	3	16	1	28	6	49	10
b. Otitis Media	28	1	4	—	28	1	60	2
c. Other ...	3	—	3	—	7	1	13	1
Nose and Throat ...	14	31	2	3	32	53	48	87
Speech	2	15	2	2	12	36	16	53
Lymphatic Glands ...	2	15	—	1	7	13	9	29
Heart	—	13	1	9	3	21	4	43
Lungs	11	6	6	3	24	10	41	19
Developmental—								
a. Hernia ...	—	1	1	—	1	6	2	7
b. Other ...	—	3	—	1	1	3	1	7
Orthopaedic—								
a. Posture ...	2	1	10	6	32	9	44	16
b. Feet ...	3	4	1	2	10	13	14	19
c. Other ...	8	19	6	4	25	37	39	60
Nervous System—								
a. Epilepsy ...	—	—	—	—	1	1	1	1
b. Other ...	—	2	—	—	1	10	1	12
Psychological—								
a. Development	1	1	1	—	8	6	10	7
b. Stability ...	7	6	—	—	16	7	23	13
Abdomen	—	1	1	1	5	1	6	3
Other	1	4	3	4	18	8	22	16

SPECIAL INSPECTIONS

Defect or Disease	Special Inspections	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin ...	1	1
Eyes—		
a. Vision ...	2	3
b. Squint ...	—	—
c. Other ...	1	—
Ears—		
a. Hearing ...	1	—
b. Otitis Media ...	—	—
c. Other ...	—	—
Nose and Throat ...	2	2
Speech ...	1	—
Lymphatic Glands ...	—	—
Heart ...	—	—
Lungs ...	—	—
Developmental—		
a. Hernia ...	1	—
b. Other ...	—	—
Orthopaedic—		
a. Posture ...	—	1
b. Feet ...	—	—
c. Other ...	—	1
Nervous System—		
a. Epilepsy ...	—	—
b. Other ...	—	—
Psychological—		
a. Development... ..	—	—
b. Stability ...	1	—
Abdomen ...	—	—
Other ...	—	—

**TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY
SCHOOLS (INCLUDING NURSERY AND SPECIAL
SCHOOLS)**

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of Refraction (including squint)	507
Total ...	507
Number of pupils for whom spectacles were prescribed ...	372

**DISEASES AND DEFECTS OF EAR, NOSE AND
THROAT**

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear ...	—
(b) for adenoids and chronic tonsillitis	18
(c) for other nose and throat conditions	—
Received other forms of treat- ment	3
Total ...	21
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1958	1
(b) in previous years ...	4

ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been dealt with
Pupils treated at clinics or out-patients departments ...	25
Pupils treated at school for postural defects ...	—
Total ...	25

DISEASES OF THE SKIN (Excluding uncleanliness)

	Number of cases known to have been treated
Ringworm— (i) Scalp ...	—
(ii) Body ...	—
Scabies ...	—
Impetigo ...	—
Other skin diseases ...	—
Total ...	—

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	12

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ...	26

OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
Pupils with minor ailments ...	—
Pupils who received convalescent treatment under School Health Service arrangements	2
Pupils who received B.C.G. vaccination	238
Other than above—	
U.V.R. Treatment ...	22

TONSILLECTOMY

Age groups inspected	Number inspected	Number found to have undergone tonsillectomy during 1958 or previously
Entrants	596	40
7 to 8 year group ...	629	64
Last year primary ...	844	160
First year secondary ...	—	—
Last year secondary ...	620	121
Total	2689	385

CONSULTANT E.N.T. SERVICE

No Consultant E.N.T. Clinic held during 1958

CONSULTANT ORTHOPAEDIC SERVICE**Consultant Clinic.**

Number of sessions held during year ... 10 (Shared with Div. 13)

	Pre-school children	School children
No. of individual patients seen by Consultant, including those continuing attendance from previous year	—	6
No of individual patients referred for operative treatment as short-stay cases only ...	—	—
Recommended long-stay hospital school ...	—	—
Recommended treatment by orthopaedic nurse or physiotherapist:—		
(a) at treatment centres	—	—
(b) domiciliary	—	—
No. of children who obtained operative treatment during year	—	—
Total number of attendances at consultant clinic	—	7

PAEDIATRIC SERVICE**Consultant Clinics.**

Number of sessions held during year 10

	Pre-school children	School children
Number of individual patients seen:—		
(a) new cases	8	16
(b) cases attending from previous year(s)	10	21
Total number of attendances at clinics ...	40	66

**MEDICAL EXAMINATION OF ENTRANTS TO
TRAINING COLLEGES**

No. of examinations carried out during the year ... 14

**CHILDREN AND YOUNG PERSONS ACT, 1933
EMPLOYMENT OF CHILDREN**

Number of children examined during the year in
connection with applications :—

(a) for employment (including entertainments)	81
(b) No. found unfit	Nil

PAEDIATRIC SERVICE

Summary of type of defect for which referred

	Pre-School	School
Cardiac	2	9
Hydrocephalus	1	—
Otitis Media	1	—
Respiratory	2	8
Mental Retardation	2	—
Growth and Development	4	2
Orthopaedic	3	3
Constipation	2	—
Insomnia	1	—
Athetosis	—	1
Nervous System	—	5
Enuresis	—	4
Oesophageal Ulcer	—	1
Headaches	—	1
Undescended Testicle	—	1
Obesity	—	1
General Debility	—	1

SPEECH THERAPY

1.	Total number of sessions held during year	35
2.	(a) No. of new cases treated during year... ..	9
	(b) No. of cases already attending for treatment from previous year	17
	(c) Total number of cases treated (a plus b) ...	26
3.	No. of cases awaiting treatment at end of year ...	5
4.	No. of visits made to schools	—
5.	No. of home visits	—

Analysis of Cases treated during the year :—

					Boys	Girls
1.	Stammering	...	...	...	6	1
2.	Defects of articulation—					
	(a) Dyslalia	...	...	...	7	4
	(b) Sigmatism	...	...	...	1	—
	(c) Rhinolalia, due to—					
	(i) Cleft Palate	...	...	...	1	1
	(ii) Nasal obstruction	...	...	...	—	—
	(d) Dysarthria	...	...	...	—	—
3.	Aphasia	...	...	...	—	—
4.	Defective speech due to—					
	(i) Educational sub-normality	...	...	...	—	1
	(ii) Deafness	...	...	...	—	—
5.	Retarded speech development	...	...	...	3	1
6.	Dysphonia	...	...	...	—	—
7.	Other defects	...	...	...	—	—
Analysis of Cases discharged :—						
No. of children discharged during year—						
1.	Speech normal	...	...	...	—	—
2.	Speech improved	...	...	...	—	1
3.	Unsuitable for treatment	...	...	...	1	—
4.	Non-co-operation	...	...	...	1	1
5.	Left school	...	...	...	2	—
6.	Left district	...	...	...	—	—
7.	Other reasons (specify)—					
	Admitted to Special School	...	...	...	—	1

ULTRA VIOLET LIGHT TREATMENT

	Pre-School children	School children
No. of sessions held during year	234	
No. of children treated during year	36	22
Total No. of attendances ...	619	512

VACCINATION AND IMMUNISATION

Overshadowing everything else in this field of endeavour has been the campaign for protection against poliomyelitis. At long last, after many unavoidable delays, we were really able to get down to brass tacks in 1958, and it is with considerable satisfaction that I refer you to the Table giving the figures of our first full year's work in this field. The total number of injections given has reached a very high figure indeed. Particularly gratifying is the percentage response amongst the under 15 population. Every endeavour will be made to maintain and, if possible, improve on this in future years. Towards the end of the year the scheme was extended to cover other groups. These include young persons up to the age of 25 years, expectant mothers and some members of the general population held to be at special risk. With improved supplies of vaccine likely to become available, one can envisage a time in the not too distant future when protection can be offered to any member of the population wishing to avail himself of it.

Up to date there have been no reports of untoward after effects, either local or general. The present method is to give two injections at one month's interval, followed by a third after a lapse of about 7 months. This has been found to give a very high level of protection. American experience has given most encouraging results, and there is no reason to suppose that an equally satisfactory outcome will not be achieved in this Country.

Owing to the immense enthusiasm of all members of the Health Division staff, this enormous volume of work was carried out without any dislocation of the normal programme, nor was it necessary, as has been the case in some areas, to engage special additional teams of doctors, nurses or clerical workers. I feel that this fact is worthy of special comment and reflects very great credit on the industry and enthusiasm of the many members of my staff who have been intimately concerned with this campaign.

It is gratifying, too, to record the great enthusiasm shown by the General Practitioners in your area. They have shown tremendous energy and at times we have been hard put to it to meet their need for supplies of vaccine. However, with mutual good will and forbearance, I feel that I can say with truth that everybody's needs have ultimately been met and that no dissatisfaction has arisen as a result of the allocation of the, at times, inadequate supplies of vaccine forthcoming.

It might have been expected that the routine procedures of vaccination and immunisation against smallpox, diphtheria and whooping cough would suffer. Not a bit of it. These schemes have carried on absolutely as usual and the figures published in this report show that there has been virtually no alteration from previous years. In common with the rest of the Country there tends to be a slow but steady fall in the percentage of children protected against Diphtheria. This is understandable as no case of Diphtheria has occurred in your area for many years. It will be foolish, however, to regard ourselves as immune without constant vigilance and exertion. An optimum percentage of 75 per cent. of the child population immunised against Diphtheria is the target aimed at. In this field, the Health Visitor is the most important worker. All are fully aware of the need for vigorous campaigning and all are doing their best to bring home to parents the truth of the adage that "the price of safety is eternal vigilance."

Whooping Cough immunisation has now been carried out for a long enough period of time to give a clear picture of its efficacy. Once again I would point out to you that, of the 42 cases of Whooping Cough notified during the year, none had completed a full course of immunisation. The number of children thus protected is running at a little over 50 per cent. of the infant population. This is good, but one would like to see it better still. Whooping Cough

is a very dreadful illness, often mortal to infants under one year of age, and always productive of severe debilitation, and, not infrequently, permanent lung damage leading to chronic chest trouble in later years.

The figures relating to Smallpox Vaccination must be considered as very satisfactory indeed if the Country as a whole be taken as a comparison. The chief value of primary vaccination in infancy is, apart from the immediate protection it affords, the fact that re-vaccination in the event of an outbreak of the disease, becomes, to the already vaccinated person, a matter of small inconvenience and virtually no risk. As against this fact, primary vaccination in the adolescent or older person always carries some element of risk and at best frequently gives rise to some discomfort and temporary disability. The present technique of primary vaccination is simple, painless and productive of no scarring.

B.C.G. vaccination was continued as in former years and apart from contacts, was confined to children of the 13 year old group. In the light of experience it has now been decided to extend the scheme and more groups will be able to avail themselves of B.C.G. vaccination in future years.

In your own area, the response was reasonably satisfactory and no ill effects whatever have been reported. There is a strong concensus of opinion as to the great value of B.C.G. vaccination in protecting the adolescent against the overwhelming attack of tuberculosis which, in former years, wreaked such havoc amongst certain young adults.

A comparatively recent innovation is the inclusion of protection against tetanus (lockjaw). A triple vaccine, including protection against Diphtheria, Whooping Cough and Lockjaw, is now available and in use. One looks forward to the day when protection against a number of diseases can be given in a "cocktail" injection, thus reducing the number of times a child needs to be injected. It is important to hasten slowly and not to abandon well tried methods in an effort to reach an easy panacea. Irksome though slow progress may seem, it is important to remember that, in dealing with human beings, the utmost care and most meticulous precautions must be taken to ensure absolute safety, and the avoidance of any incident which might diminish public acceptance.

VACCINATION AGAINST POLIOMYELITIS

Vaccination during 1958

CLASS	Number vaccinated with two injections during the year ended 31st. December, 1958
Children born in the years 1943—1958	4,394
Young persons born in the years 1933—1944	114
Expectant Mothers	116
General Practitioners and their families	15
Ambulance Staff and their families	21
TOTAL	4,660

In addition to the above, 126 c.cs of vaccine were issued for vaccination of Hospital Staff.

Total number of persons who had received two injections at 31st December, 1958:—

Children	6,160
Others	267
Total	6,427

Number of persons who had received one injection only at 31st December, 1958:—

Children	704
Young persons	398
Expectant Mothers	17
Others	13
Total	1,132

Number of persons who had received three injections at 31st December, 1958:—

Children	1,048
Others	16
Total	1,064

DIPHTHERIA IMMUNISATION

Immunisation carried out during the year

	Age at final injection			
	Under 1	1 — 4	5 — 14	Total
No. of children who completed a full course of primary immunisation (including temporary residents) ...	483	109	32	571
Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	14	269	283

Immunisation in relation to Child Population

Age at 31.12.58 i.e. Born in Year	Under 1 1958	1—4 1957-1954	5—9 1953-1949	10—14 1948-1944	under 15 Total
Last complete course of injections (whether primary or booster)					
1954—1958 ...	140	1,671	1,774	2,330	5,915
1953 or earlier	—	—	1,315	1,403	2,718

No case of Diphtheria occurred in the Division during the year.

WHOOPIING COUGH IMMUNISATION

Immunisation carried out during the year

Age at Final injection	Number of children who completed a full course of immunisation (including temporary residents)
Under 6 months	67
6 months to one year	325
1—2 years	40
2—3 years	13
3—4 years	15
Total	460

Immunisation in relation to Child Population

Age at 31.12.58 i.e. born in year:—	Under 1 1958	1 to 4 1957—1954	5 to 9 1953—1949	10 to 14 1948—1944	Under 15 Total
Number immunised ...	133	1,592	903	25	2,653

Whooping Cough notifications and Deaths in relation to Immunisation during the year

42 Cases of Whooping Cough were notified during the year, none of which had completed a full course of immunisation.

No death occurred from Whooping Cough in the Division during the year.

VACCINATION AGAINST SMALLPOX

Number of Persons vaccinated or re-vaccinated
during the year

Age at Date of Vaccination	Under 1	1 year	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	370	8	11	6	17	412
Number Re-Vaccinated ...	1	—	2	3	20	26

IMMUNISATION AGAINST TETANUS

Immunisation carried during the year

Age at final injection	Number of children who received protection against tetanus (including temporary residents)
Under 6 months ...	6
6 months to 1 year ...	18
1 — 2 years ...	5
2 — 3 years ...	1
3 — 4 years ...	1
Over 4 years ...	1
Total ...	32

B.C.G. VACCINATION OF 13-YEAR OLD SCHOOL CHILDREN

1. No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination	3
Acceptances	
(a) No. of 13-year old children eligible during the year	583
(b) No. of (a) offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously	583
(c) No. of (b) found to have been vaccinated previously	—
(d) No. of acceptances	339
(e) Percentage of acceptances, i.e., (d) to (b) — (c) ...	58.15
Pre-Vaccination Tuberculin test	
(a) No. of children (d) tested	320
(b) Result of test—	
(i) Positive	59
(ii) Negative	258
(iii) Not ascertained	3
	TOTAL 320
(c) Percentage positive, i.e. (b)(i) to (b) (i) + (b) (ii)...	18.61
Vaccination	
No. vaccinated	238
Tuberculin test twelve months after vaccination	
(a) No. vaccinated in 1957	273
(b) No. tuberculin tested after 12 months	219
(c) Result of test—	
(i) Positive	144
(ii) Negative	58
(iii) Not ascertained	17
	TOTAL 219

DOMESTIC HELPS

Authorised Divisional Allocation.

(i) Basic	...	...	...	23
(iv) From Reserve Pool (Average over the year)	...	...	...	$\frac{1}{4}$
Total	...	...	...	<u>23$\frac{1}{4}$</u>

Number of Domestic Helps employed at 31st December, 1958—

(i) Whole-time	...	...	...	—
(ii) Part-time	...	...	...	62
Total	...	...	...	<u>62</u>

Cases provided with Domestic Help during year ended 31st December, 1958—

	No. of Cases	Hours employed
(i) Maternity (including expectant mothers)	33	1,536
(ii) Tuberculosis	2	159
(iii) Chronic sick (a) aged 65 & over	260	45,396
(b) under 65	23	3,448
(iv) Others	11	1,232
Total	329	51,771

Employment:—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1958 \div 2288 (52 weeks \times 44 hours) = No. of home helps that could have been employed full time. = 22.63

LOCAL HEALTH AUTHORITY CLINIC SERVICES IN THE GARFORTH URBAN DISTRICT

It would be hypocritical to pretend that the types of premises available for local clinics are in any way ideal. The fact that most of them are in use for only one half day a week, makes the provision of special premises quite impracticable. Thus, traditionally, we are driven to use Welfare Halls, Chapel schoolrooms, etc., etc. Increasingly in recent years, financial and staffing difficulties have assailed the Trustees of such premises, with the result that complaints arise from time to time regarding heating, cleanliness, etc. Every effort is made to minimise these difficulties but, on occasion, conditions become temporarily quite unsatisfactory. The Local Health Authority are acutely aware of this difficulty and are doing their best to ensure the highest possible reasonable standards of provision.

In your own area no change has occurred during the year. Temporary difficulties have arisen from time to time, mainly in respect of cleaning of the clinic premises. The causes are well understood and the Trustees concerned have been most co-operative. At the moment of writing, clinic premises throughout the district are adequate and well-maintained.

It is impossible to over-estimate the value of the Central Clinic at Rothwell. This is in full and daily use and is ideal for its purpose. I never fail to give thanks for the enterprise and foresight of those Public Health pioneers who made available such an excellent building. Those who still survive can rest assured that their efforts have reaped an ample reward in service to the community. It is a great tribute that even in this day, the Clinic is able adequately to meet all demands and is very well up to the standard of buildings of a similar nature at present being erected in various parts of the Country. From the point of view of residents in the Garforth Urban District, it is unfortunate that transport difficulties minimise the full utilisation of these excellent facilities.

Attendance at the clinics has been well maintained. The emphasis in Maternity and Child Welfare is increasingly being placed on educational, rather than clinical

services. Over the years there has been an obvious and marked improvement in the general standards of maternal efficiency and care. There are, however, problems common to all young mothers in the tackling of which they greatly appreciate the advice and experience which the Health Visitors and Doctors can contribute. In my opinion, there continues a need which, although not so acute as formerly, is still real and the filling of which is a vital function of Local Health Authority provision.

Attendance at Ante-Natal Clinics has been maintained at the level of recent years. In all cases liaison with general practitioners and hospitals has remained good and friendly. Routine blood tests are carried out on behalf of general practitioners at their request, and this service saves them a considerable amount of work, whilst giving the Nursing Staff of the clinics an opportunity to meet and to get to know the mothers with whom they will be concerned after the birth of the child.

Relaxation classes are held at Garforth and are greatly appreciated by those in attendance.

The Ultra Violet Light Clinics continue and are consistently well attended.

DOMICILIARY NURSING SERVICES

Health Visiting.—A slow but steady change has been taking place in recent years. Formerly, the Health Visitor was concerned primarily with the mother and young infant. She now, to a greater extent than ever before, is the friend and adviser of the family as a unit. In addition, she is increasingly called into consultation in dealing with the problems of the aged. This has resulted in a widening of her horizon and, in my opinion, makes her an even more useful and valued social worker in the fullest and widest sense.

At the time of writing, this branch of domiciliary nursing is almost fully staffed, and we are fortunate in retaining the services of a conscientious and enthusiastic group of workers. In recent years, greatly improved relationships have existed between members of the Health Visiting Staff and General Practitioners in the area. Personal contacts are made and co-operation established in dealing with particular problems which arise. Much of the value of a Health Visitor's work lies in her relationships with medical colleagues and in this particular respect I feel satisfied and optimistic.

Home Nursing.—There have been one or two recent changes in staff, but the Home Nursing Service is at full strength and carrying out its duties with very great satisfaction to all concerned. No difficulties have arisen and relationships with patients and doctors have been of the very best.

Midwifery Service.—I am glad to be able to report that there has been a very considerable improvement over the rather gloomy picture which I painted last year. In the first place, the expected catastrophic diminution of beds for Institutional maternity cases has not been nearly so pronounced as was feared. During 1958, approximately half of all births occurred in Maternity Homes or Hospitals. In addition, by great good fortune, we have been able to obtain the services of one very competent and experienced midwife, with the promise (subsequently fulfilled), of the recruitment of two further midwives. Thus, at the time of writing, the Service is staffed with an adequate number of midwives, all having motor transport and being conveniently situated throughout the area. However, we are still without the services of a Relief Midwife and this does give rise to certain difficulties.

It would be churlish of me not to pay tribute to the ungrudging services which the depleted staff have always given. I am very well aware of the difficulties which have faced them and I am very appreciative of the way in which they have risen to meet those difficulties. In this field too, relationships with general practitioners and with Hospitals have remained extremely good.

Home Help Service.—This very necessary Service has continued as before and is a most complex one to administer. There has been little evidence of abuse and the vast bulk of the work has been done in the homes of the old or indigent, having no relatives or friends available to look after them. In no way have my views changed on this matter. In my opinion, it is essential that old folks should be kept at home whenever possible. They are happiest in their own surroundings, with familiar homes and neighbours.

A ceiling of working hours must, inevitably, be laid down, but within this limit all reasonable demands are met and every effort is made to share out, as fairly as possible, the available helpers. When it is noted that no fewer than 62 part time Home Helps are employed who, in their turn, customarily look after an average of 212 patients, you will realise that the administration of this scheme is something of a jigsaw puzzle. Very considerable clerical work is involved and no small credit is due to the administrative staff who are responsible for this section of the work.

The Home Help Service is here to stay and I think none would dispute its value.

CONSULTANT CLINICS

During the year, Dr. Kirkwood was replaced as Ophthalmic Medical Officer by Dr. J. L. Wood, but there was no break in the service and conditions remain as satisfactory as formerly. There is no delay in the provision of glasses where these become necessary.

Dr. Pickup still attends monthly at the Paediatric Consultant Clinic and continues to be a tower of strength in all cases needing Specialist advice or treatment.

The position relating to Ear, Nose and Throat treatment is still completely satisfactory and there are no delays.

In the realm of Speech Therapy, an appointment was made towards the end of the year and this rather neglected service was renewed and the backlog of work, to some extent, reduced. There is hope that the proposed establishment laid down by the County Council will be completely attained in the near future. This should ensure reasonable continuity and an adequate amount of available time.

The services of Dr. Leese as County Psychiatrist still continue to be available. There has been a considerable increase in the demand for her services and some delay is inevitable. However, cases urgently needing immediate interview are given the priority which they merit.

At the time of writing, the Mental Health Bill is going through the Committee stage and it is possible to foresee the shape of things to come. It is obvious that a greatly increased responsibility will be placed on the Local Health Authority and that much more work will fall to the lot of Mental Health Social Workers and, when obtainable, Psychiatric Social Workers. The matter is receiving urgent consideration by the County Council and every effort is being made to ensure that adequate provision will be available.

In addition an Occupation Centre to accommodate approximately 70, is proposed to be sited in this Division. It seems likely that it will be established somewhere in the Oulton area and if this is so, transportation from your District should not prove too difficult. In any case it is understood that special transport arrangements will be made. The Centre is intended to cater for persons suffering from mental defects, of all ages, and to provide

training and occupational therapy. It will be non-residential and patients will attend each day from their own homes.

AMBULANCE SERVICE

This has now got fully into its stride. No hitch nor complaint has arisen during the year. All demands are met with courtesy and promptness and the happiest relationship continues to exist. There is continuing evidence that abuse of this service is now a rarity.

LABORATORY FACILITIES

The Medical Research Laboratory at Wakefield has continued to be most helpful. Dr. Little and his staff are keen and interested, and never fail to respond to all demands made upon their services. For our part, we endeavour only to approach them when something is really necessary, and to avoid anything in the nature of frivolous requests.

MILK AND FOOD SAMPLES

Powers to act under the Food and Drugs Act have still not been delegated to this Authority, Samples of water are submitted to the County Analyst at Halifax and, during 1958, three samples were analysed, all of which were satisfactory.

HOSPITAL PROVISION IN THE AREA

I am glad to say that the number of available institutional beds has remained virtually unchanged during 1958. I know that Maternity Hospitals are going through a trying time in relation to the availability of trained staff. This has inevitably resulted in certain difficulties and women are regularly being discharged home relatively early in the lying-in period. This cannot be avoided and our domiciliary midwifery staff has been able to cope. I would like to take this opportunity of acknowledging the courtesy and kindness of the Morley Health Division who have been good enough to continue to make available to us a small number of beds from their own allocation. In addition, Staincliffe Hospital has been good enough, from time to time, to take cases which have arisen as a matter of sudden acute social urgency. Thus, the vast majority of cases really needing institutional accommodation have been satisfactorily catered for.

It is, however, unfortunate that although the Hospital Service is now held to be run on a regional, rather than on a local, basis, there should be such a wide discrepancy in different parts of the County. Thus, in some areas up to 80 per cent. of all normal confinements take place in Maternity Homes. The present percentage in this area is somewhere in the region of 50. Local Government boundaries are observed and normal obstetric cases from your area are usually debarred from admission to any Maternity Unit in Leeds. I place this on record, not in any querulous way, but merely with the object of pointing out what I consider to be an anomalous circumstance.

Seacroft Hospital, to which the majority of Infectious Diseases from your area are admitted, has continued to be a tower of strength. In spite of their own staffing troubles, they have never refused admission to any case. In addition, no Hospital is more meticulous in making available all information relating to patients, their admission, discharge and ultimate diagnosis. I greatly value the services thus available and freely acknowledge the very great debt which your District owes to Dr. Benn and his staff of doctors and nurses.

Snapethorpe Hospital still continues to admit one or two cases and here again the highest standards of co-operation and treatment are maintained.

General Hospitals.—In the field of acute medicine and surgery we are very fortunate in our proximity to a large teaching centre. I think none would dispute the contention that people living in your area have available to them services not excelled anywhere in the Country. No difficulties arise and all needs are adequately met.

Pinderfields Hospital at Wakefield still continues to admit orthopaedic, industrial accident, and convalescent poliomyelitis cases. Here again, information is readily available and full discharge information is always provided. Thus we are able to continue the supervision and care so necessary in these long term conditions, and the information so freely forthcoming is greatly appreciated.

In the realm of chronic sick accommodation, the liaison system set up some years ago, is still in operation. Though at first sceptical of its value, I am now convinced that it is a worth while scheme. One Health Visitor is appointed and maintains the closest personal touch with the Geriatric Consultant at Pontefract. Thus, all our cases seeking admission are given personal and sympathetic consideration. In the field of geriatric work, increasing emphasis is being placed on rehabilitation. Elderly people suffering from chronic illness or disability, who formerly might have been condemned to spend the remainder of their lives in a Hospital Ward, are often, as a result of the new approach and improved treatments and techniques, able to return to their own homes after a period of recuperation in a Hospital. This is important both from the point of view of their happiness and wellbeing, and also from the fact that the beds thus liberated can be far more usefully employed, and a much more rapid turn-over of cases achieved.

Dr. Rosenthal, the Geriatric Consultant, is a most interested and enthusiastic doctor, who is keen and unflagging, and the chronic sick in your area owe him a considerable debt of gratitude.

In the geriatric field too, I would like to repeat the comments I made in relation to Maternity Homes. It seems ridiculous that no patient from your area can be admitted to St. George's or the Haigh Hospitals at Rothwell nor to St. James's Geriatric Unit in Leeds. The only access to chronic sick beds is at the Headlands, Pontefract, or, for a small number of patients, the Wakefield General Hospital. There is no doubt that visiting is thus made a

very difficult matter, and it is undoubtedly true that some hardship arises. I agree that my comments are dictated only on the basis of local interest. There are, no doubt, over-riding regional reasons why this state of affairs exists. Nevertheless, I find it difficult to comprehend.

So far as Part III accommodation is concerned, there still exists a no man's land between "chronic sick" and "Welfare" needs. One understands fully the many difficulties involved and I would like to place on record my appreciation of the ready co-operation which has been offered to us by the staffs of the County Welfare Officer. Many difficult cases have been successfully dealt with during the year, and some really knotty problems have been satisfactorily solved.

To sum up, with the exceptions I have already stressed, Hospital provision in your area can be regarded as adequate and satisfactory.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE IN THE GARFORTH URBAN DISTRICT

One of the more satisfactory circumstances of recent years has been the continued absence of major epidemics of notifiable infectious disease. There was a prevalence of very mild Scarlet Fever which gave rise to 37 notifications. However, the disease continues extremely mild and, indeed, there have been suggestions from some sources that notification is no longer justifiable. My own view is that it will be wise to keep in being the existing mechanism of ascertainment. It may be that the present very mild nature of the disease is only a transitory phenomenon. I feel that we should not lightly abandon notification. It is possible that in a few years the disease will again alter in type. Notification is a very potent weapon in the armoury of Public Health.

A particularly gratifying circumstance is that no case of Poliomyelitis occurred. It is early yet to evaluate the results hoped for from immunisation. Suffice it to say, at this juncture, that evidence from North America is very encouraging.

Diphtheria continued absent from the community, and no case was notified.

There were relatively few cases of whooping cough notified, and as already stated, of these none had been immunised.

No notification of food poisoning was received, and this is an extremely satisfactory state of affairs reflecting considerable credit on the standards of hygiene and food handling in your community.

It will be noted that only 4 cases were admitted to Infectious Diseases Hospital, and all were for 'observation.' The over-all position must be regarded as very satisfactory.

Venereal Diseases.—Although the incidence of Venereal Disease continues negligible, there is some room for disquiet. Reports from some areas indicate an upward trend in the incidence of V.D. This is attributed to the growth of resistant strains of germs which no longer succumb to the administration of penicillin or of related anti-biotic drugs. Every effort is made by the responsible authorities to ensure that cases are satisfactorily treated and at present there is no problem in this area.

Infestation.—With the exception of one or two families well known to us, infestations were extremely few in number. Parents continue co-operative with the aforementioned exceptions.

No case of Scabies came to notice during the year.

Cases of Notified Infectious Diseases in Age Groups (Excluding Tuberculosis).

Disease.	Under 1 year		1-3 years		3-5 years		5-10 years		10-15 years		15-25 years		25-45 years		45-65 years		over 65 years		Totals		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Smallpox
Scarlet Fever	1	13	1	13	2	6	..	..	..	..	..	..	..	..	..	..	15	22	..
Diphtheria
Enteric Fever (including Paratyphoid)
Pneumonia	1	..	..
Puerperal Pyrexia
Acute Anterior Poliomyelitis
Acute Anterior Encephalitis
Meningococcal infection
Ophthalmia Neonatorum
Erysipelas
Whooping Cough	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Measles ..	1	..	2	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	5	1	..
Sonné Dysentery
Food Poisoning
Totals ..	1	..	2	15	2	13	2	6	1	..	..	..	..	..	..	..	..	..	22	23	..

**Cases of Notified Infectious Diseases (Excluding
Tuberculosis) admitted to Hospital.**

Disease	No. Notified	No. admitted to Hospital
Smallpox	—	—
Scarlet Fever	37	—
Diphtheria	—	—
Enteric Fever (incl. Paratyphoid) .	—	—
Pneumonia	1	—
Puerperal Pyrexia	—	—
Acute Anterior Poliomyelitis ...	—	—
Acute Anterior Encephalitis ...	—	—
Meningococcal Infection	—	—
Ophthalmia Neonatorum	—	—
Erysipelas	—	—
Whooping Cough	1	—
Measles	6	—
Sonné Dysentery	—	—
Food Poisoning	—	—
Observation	4	4
Totals	49	4

TUBERCULOSIS

There is little change in the picture compared with last year. For the second year in succession, no death occurred. 6 new cases of pulmonary tuberculosis were diagnosed and the numbers are very similar to those recorded during recent years. There is, however, a continuing feeling of optimism. Far more cases recover completely than formerly and the duration of treatment is tending to become shorter. Continued use of miniature mass radiography is making early diagnosis possible in many cases. A further newly introduced preventive measure is the extension of the age groups to whom B.C.G. vaccination is to be offered. The general concensus of opinion is that tuberculosis as a prevalent disease is on its way out. No case of pulmonary tuberculosis needed to be given housing priority during the year, and I continue my policy of restraint in seeking the help of the House Letting Committee. It is, however, nice to know that any approach is invariably met with courtesy and sympathy.

Tribute is once more due to the medical and nursing staffs of the Chest Clinic at Leeds. They are invariably co-operative and courteous and all necessary information is readily forthcoming.

TUBERCULOSIS

Record of Cases during the year 1958

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	29	26	4	13
No. of cases notified for first time during year	3	3	—	2
No. of cases restored to Register	—	—	—	—
No. of cases added to Register otherwise than by notification	1	—	—	1
No. removed to other districts	2	1	—	—
No. Recovered	8	2	2	3
No. died from the Disease	—	—	—	—
No. died from other causes	—	—	—	—
No. Removed from Register :— Revised diagnosis	—	—	—	—
No. of cases on Register at end of year	23	26	2	13

TUBERCULOSIS

New Cases and Mortality during 1958

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0—1 year	—	—	—	—	—	—	—	—
1—5 years	—	—	—	—	—	—	—	—
5—10 „	—	—	—	—	—	—	—	—
10—15 „	—	1	—	1	—	—	—	—
15—20 „	—	—	—	1	—	—	—	—
20—25 „	—	1	—	—	—	—	—	—
25—35 „	1	1	—	—	—	—	—	—
35—45 „	1	—	—	—	—	—	—	—
45—55 „	1	—	—	—	—	—	—	—
55—65 „	—	—	—	—	—	—	—	—
Over 65 years	—	—	—	—	—	—	—	—
Age unknown	—	—	—	—	—	—	—	—
Totals	3	3	—	2	—	—	—	—

TUBERCULOSIS

New Cases and Deaths since 1939

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1939 ...	3	2	3	—
1940 ...	5	2	3	1
1941 ...	5	2	3	1
1942 ...	2	3	2	3
1943 ...	9	—	2	3
1944 ...	8	3	5	1
1945 ...	6	—	5	—
1946 ...	7	3	5	1
1947 ...	7	4	4	—
1948 ...	14	5	7	—
1949 ...	14	1	2	1
1950 ...	13	4	5	—
1951 ...	6	3	7	—
1952 ...	12	4	5	—
1953 ...	8	2	1	—
1954 ...	4	2	2	—
1955 ...	6	1	2	—
1956 ...	6	1	1	—
1957 ...	1	3	—	—
1958 ...	6	2	—	—

HOUSING

The Five Year Plan for the elimination of the worst slum areas can now be considered complete. A satisfactory total of 66 houses was built by the Council and, in addition, no fewer than 150 houses were built by private enterprise. This is considerably more than were built last year and it is quite obvious that many more are destined for the immediate future. There is a likelihood that a considerable area of land will be released by the Town and Country Planning Authority for housing development. This should be welcomed as being of considerable potential benefit to the District. Garforth is a pleasant and healthy area within easy reach of Leeds and, in my opinion, is eminently worthy of development.

The problem of bungalow accommodation for old people is still very much with us and will need definite action in the immediate future. The matter is rather a controversial one and there are two main schools of thought. One is that groups of bungalows should be built in a close neighbourhood in order that the social supervision and welfare of the inhabitants can be facilitated. The other feels that old people are far happier living in the community, and that small groups of one or two bungalows should be provided on suitable sites near main roads, shopping facilities, etc., near the sites and activities of a normal community comprising all ages. I strongly incline to the latter opinion. Experience has confirmed that to group old people together in a segregated neighbourhood is to condemn them to a stagnation which is very detrimental to their happiness and continued wellbeing. They are, and must remain, a part of the whole community and not a separate colony of "different" people. I would press on the Council the need for a humanitarian approach to this problem which is very real, and is likely to remain with us in view of the greatly increased expectation of life now enjoyed.

HOUSING STATISTICS YEAR 1958

1.	No. of Dwelling Houses in District	...	...	4,674
2.	No of Houses included in above:			
	(a) Back-to-back	...	...	8
	(b) Single back	...	...	6
3.	HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE			
	No. of houses included in Representations made during the year			
	(a) in Clearance Areas	...	...	Nil
	(b) individual unfit houses	...	...	26

A. HOUSES DEMOLISHED

	HOUSES DEMOL- ISHED	DISPLACED during year	
		Persons	Families
In Clearance Areas			
(1) Houses unfit for human habitation	Nil	Nil	Nil
(2) Houses included by reason of bad arrangement, etc.	Nil	Nil	Nil
(3) Houses on land acquired under Section 43 (2) Housing Act, 1957	Nil	Nil	Nil
Not in Clearance Areas			
(4) As a result of formal or informal procedure under Section 17 (1) Housing Act, 1957	24	101	39
(5) Local Authority owned houses certified unfit by the Medical Officer of Health	Nil	10	4
(6) Houses unfit for human habitation where action has been taken under local Acts	Nil	Nil	Nil
(7) Unfit houses included in Unfitness Orders	Nil	Nil	Nil
<hr/>			
B. UNFIT HOUSES CLOSED			
	Number		
(8) Under Sections 16 (4), 17 (1) and 35 (1), Housing Act, 1957	4	13	4
(9) Under Sections 17 (3) and 26, Housing Act, 1957	Nil	Nil	Nil
(10) Parts of buildings closed under Section 18, Housing Act, 1957	Nil	Nil	Nil

C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

	By Owner	By Local Authority
(11) After informal action by local authority	580	Nil
(12) After formal notice under		
(a) Public Health Acts ...	93	18
(b) Sections 9 and 16, Housing Act, 1957 ...	25	10
(13) Under Section 24, Housing Act, 1957	Nil	Nil

D. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)

	Number of Houses	Number of separate dwellings contained in column (1)
	(1)	(2)
Position at end of year		
(14) Retained for temporary accommodation		
(a) Under Section 48 ...	Nil	Nil
(b) Under Section 17 (2) ...	Nil	Nil
(c) Under Section 46 ...	Nil	Nil
(15) Licensed for temporary occupation under Sections 34 or 53	Nil	Nil

E. PURCHASE OF HOUSES BY AGREEMENT

	Number of Houses	Number of occupants of houses in column (1)
	(1)	(2)
(16) Houses in Clearance Areas other than those included in confirmed Clearance Orders or Compulsory Purchase Orders, purchased in the year	Nil	Nil

4. No. of families rehoused during the year into Council owned dwellings			
(a) Clearance Areas, etc. ... ..	...	...	47
(b) Overcrowding ... ..	...	...	9

5. RENT ACT, 1957

(a) No. of certificates of disrepair granted ...	11
(b) No of undertakings to execute repairs given by owners to local authority ..	8
(c) No. of certificates of disrepair cancelled ...	11

6. OVERCROWDING

Any comments in connection with this problem —

7. NEW DWELLINGS

No. of new dwellings completed during the year:—

By the Local Authority	66
By Private Enterprise	150

8. GRANTS FOR CONVERSION OR IMPROVEMENT OF HOUSING ACCOMMODATION

	Formal applications received during the year	Applications approved during the year	Number of dwellings completed during year
	Number of dwellings	Number of dwellings	
(a) CONVERSIONS (The number of dwellings is the number resulting from completion of the work)	Nil	Nil	Nil
(b) IMPROVEMENTS	Nil	Nil	Nil

9. DETAILS OF ADVANCES FOR THE PURPOSE OF ACQUIRING OR CONSTRUCTING HOUSES

184 advances, totalling £177,435

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.—1958 must go down as a very difficult year in relation to water supply in the Garforth Urban District. It is very easy to be wise after the event, but quite obviously the wholesale privy conversion programme, together with the very considerable total number of houses using the water carriage system of sewage disposal, and having baths, etc., have made for an enormously increased total consumption of water. In addition, the mains through which water is supplied to the district have narrowed due to internal deposits of rust, etc. The end result has been very considerable difficulty, particularly in the higher parts of the district. My sympathies have been very much with the Water Engineer who has been called upon to accept responsibilities over which he has had no control whatever. Any measures which have been possible have only been of a stopgap nature, and it has been obvious for some time that a major, and very expensive, scheme is necessary. I am glad to say that this is now fully drawn up and is at the point where work may actually begin at any moment. With increased, and increasing, building, it is impossible to stress too greatly the need and the urgency. I know that these are acutely realised.

The quality of the water is beyond criticism and sample chemical analysis and bacteriological examinations are as follows:

Chemical Analysis

Total Solids	110	parts per million
Mineral Matter	90	” ” ”
Chlorine as Chlorides ...	14	” ” ”
Free Ammonia	0.02	” ” ”
Albuminoid Ammonia ...	0.06	” ” ”
Oxygen absorbed in 4 hours at 80° F.	1.75	” ” ”
Nitrous Nitrogen	Nil	” ” ”
Nitric Nitrogen	0.4	” ” ”
Total Hardness	50	” ” ”
Temporary Hardness ...	20	” ” ”
Permanent Hardness ...	30	” ” ”
pH Value	7.9	” ” ”
Colour—Hazen Units ...	Nil	” ” ”
Turbidity—Silica Scale ...	Nil	” ” ”
Free Chlorine—Actual Free	Nil	” ” ”
Total including Chloramines	0.04	” ” ”
Iron as Fe	0.21	” ” ”

Bacteriological Examination

Total No. of Micro-organisms per ml. growing on Agar @ 22° C. 3 days	46
Total No. of Micro-organisms per ml. growing on Agar @ 37° C. 2 days	52
Presumptive B. Coli	Nil per 100 ml.

No standpipe nor well is in use in the District and the water is without plumbo-solvent action.

Sewage Disposal.—This has been completely satisfactory and the works at Allerton Bywater are meeting all requirements.

Closet Accommodation.—The very big programme of conversion is nearly completed. A very few privy middens remain in isolated properties. The majority of these are due for reconstruction or elimination in the near future.

No of Privies with open ashpits	Nil
No. of Pail or tub closets	Nil
No. of privies with covered middens ...	64
No. of Water Closets	5159
No. of Waste Water Closets	1

Public Conveniences.—These have continued satisfactory, and apart from minor incidents, no complaints have arisen.

Drains and Sewers.—There has been no major incident in relation to mining subsidence, but in this part of the world a very careful watch has to be kept.

Public Cleansing.—This has continued most efficiently throughout the year and the few cesspools in the area have been regularly emptied.

Rivers and Streams.—No action has been necessary during the year.

Shops and Offices.—No complaint has been received and no action has been considered necessary in respect of any shop or office premises.

Camping Sites.—The Garforth Cliff Camping Site remains full and is excellently conducted. The proprietor is most conscientious and co-operative. No nuisance has arisen and a strict discipline is permanently maintained. Whilst feeling that caravans fall far short of requirements in relation to family life, I must confess that as a temporary measure they often solve problems and are extremely useful to people whose occupation takes them from place to place. I have no reason to deviate from my original opinion that a properly controlled caravan site in a suitable place need not in any way be detrimental to the health or amenity of an area.

Swimming Baths and Pools.—No public baths in this area.

Bed Bug Eradication.—This pest is virtually eliminated from the community. Very occasional cases occur but where necessary these are dealt with by Hydrocyanic fumigation, expertly carried out. D.D.T. and Gammexane are still used for other forms of infestation.

Smoke Abatement.—Since the electrification of Allerton Bywater Colliery, there has been a marked improvement in this part of your District. The Clean Air Act is under consideration but I need not labour the difficulties which arise in a mining community.

Offensive Trades.—No offensive trade is carried on in the Garforth area.

Factories and Workshops.—Parts 1 and 8 of the Act fall within the administrative responsibility of this Authority. The following is a list of the Outworkers and it will again be noted that no special action has been necessary. Routine inspections have been carried out in respect of Part 1 of the Act and again no special action has been necessary.

INSPECTION FOR PURPOSES OF PROVISIONS AS TO HEALTH.

(Including Inspections made by Public Health Inspector).

	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	12	14	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	28	30	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	11	32	—	—
TOTAL	51	76	—	—

OUTWORK.

Nature of Work	No. of Outworkers in August list required by Sec. 110 (1)	Section 110			Section 111	
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
WEARING APPAREL :—						
Making, etc. ..	7	—	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving	—	—	—	—	—	—
TOTAL ..	7	—	—	—	—	—

CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

	No. of cases in which defects were found				Number of cases in which Prosecutions were instituted
	Found	Remedied	Referred :		
			to H.M. Inspector	by H.M. Inspector	
Want of cleanliness	2	2	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences :—					
Insufficient	1	1	—	—	—
Not separate for sexes	—	—	—	—	—
Unsuitable or defective	3	3	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total	6	6	—	—	—

SANITARY INSPECTION OF THE AREA

Infectious Disease Prevention

Inspections	33
Further Enquiries	10
Disinfections	4
Schools Disinfected	—
Miscellaneous Visits	3
Scabies visits	—

Milk and Dairies

Inspections of Cowsheds and Dairies	...	...	...	...	12
Milk Samples taken	...	...	...	...	—

Food and Drugs Inspections

Meat Inspections	...	...	...	...	181
Bakehouses	...	...	...	...	40
Food Inspections	...	...	...	...	42
Ice Cream Inspections	...	...	...	..	48
Water Sampling	...	...	...	...	3
Fish Shop Inspections	...	...	...	...	38

Housing

Houses Inspected and Recorded	...	...	...	...	152
General Surveys	...	...	...	...	58
Public Health Act Inspections	...	...	...	...	384
Re-visits	...	...	...	...	431
Council Houses	...	...	...	...	62

Sanitary Matters

Inspection for Nuisances	...	...	...	...	641
Inspection of Verminous Premises	...	...	...	...	51
Inspection of Privies	...	...	...	...	17
Inspection of Piggeries	...	...	...	...	41
Inspection of Rat Infestations	...	...	...	...	546
Inspection of New Drains	...	...	...	...	28
Drains Tested	...	...	...	...	28
Smoke Observations	...	...	...	...	12

Scavenging

Inspections	...	...	...	...	41
Refuse Tips	...	...	...	...	240
Supervision of Workmen	...	...	...	...	121

Other Inspections

Factories and Workshops	...	...	...	...	61
Tents, Vans and Sheds	...	...	...	...	76
Council House Complaints	...	...	...	...	9
Miscellaneous	...	...	...	...	142
Number of Statutory Notices (Housing Act and Public Health Acts)	...	...	...	...	172
Number of Statutory Notices (Section 25 of the Housing Act, 1957)	...	...	...	...	—
Number of Nuisances abated on serving Statutory Notices (Public Health Acts)	...	...	...	...	32

ANNUAL REPORT
of the
PUBLIC HEALTH INSPECTOR
and
CLEANSING SUPERINTENDENT
(R. A. NAYLOR, C.R.S.H., M.A.P.H.I.)
For The Year
1958.

To the Chairman and Members of the
Garforth Urban District Council.

Mr. Chairman, Madam and Gentlemen,

I beg to submit my Annual Report for the year 1958. Many of the details of inspections are contained in the Report of the Medical Officer of Health.

HOUSING

During the year a further 26 houses were represented and Demolition or Closing Orders were made in every case, bringing the total number of houses condemned in post war years to 346, representing 10.6 % of all the private houses in the area.

Practically all the houses included in the Council's first five years' programme have now been dealt with, and provision has already been made for the rehousing of most of the families displaced. It is confidently expected that next year all tenants of condemned houses will be provided with new council houses.

During the past year 66 council houses were completed, making the total of post war council houses 796. This makes the total number of council houses in the area 1,413 (516 at Garforth, 427 at Kippax and 470 at Allerton Bywater), representing 30% of all houses in the District. Once again private enterprise building increased during the year, and 150 new houses were completed, the large majority of which were purchased by former citizens of Leeds, and it is now clear that many more families from Leeds can be expected to settle in this area within the next few years.

The housing application lists were brought up to date during 1958, with the result that there is a decrease in the number of outstanding applications of 124 on last year. In spite of this, however, and although private building has increased rapidly and the demands of slum clearance are being met, there is still a need for many more council houses, as evidenced by the fact that there are still 448 outstanding applications (224 at Garforth, 115 at Kippax and 109 at Allerton Bywater).

Greater consideration must also be given to the housing of the aged. There are 111 applications for old persons' bungalows, and in addition there are many old people occupying two and three bedroom council houses who would willingly accept bungalows, thus freeing the houses for larger families. The Council will, however, agree when I say that it is wrong to take old people too far from their present environment, and more development on the lines of the Westfield Lane bungalows at Kippax is required.

The following tables outline the progress made in slum clearance since 1947:—

Year	Allerton Bywater	Garforth	Kippax
1947	4	—	4
1948	25	1	8
1949	1	—	16
1950	9	—	11
1951	7	—	19
1952	1	—	11
1953	9	28	15
1954	19	—	12
1955	7	—	20
1956	6	10	32
1957	28	12	5
1958	7	7	12
Total	123	58	165

POSITION AT 31st DECEMBER, 1958

	Allerton Bywater	Garforth	Kippax	Total
Number of houses represented	123	58	165	346
Number of families rehoused	107	58	142	307
Number of persons rehoused	397	176	452	1025
Number of houses empty awaiting demolition ...	29	8	10	47
Number of undertakings accepted to repair or not to use for human habitation ...	—	8	5	13
Number of families still to rehouse	16	—	23	39
Number of new houses erected	262	279	255	796
Percentage of houses built allocated to slum clearance	40·8%	20·7%	55·7%	38·5%

RENT ACT, 1957

This, the first full year's working of the above Act, produced a big spurt in property repairs. Most owners carried out their undertakings to remedy defects listed, and in only 11 cases was it necessary to issue Certificates of Disrepair. It remains to be seen whether the present standard of property maintenance will be maintained, but with the increased rent revenue and the grants for improvements available, there is certainly now no excuse for neglect of repairs.

PRIVY CONVERSIONS

98·6% of the sanitary accommodation in the area is now on the water carriage system and apart from a few isolated houses, the remaining privies are at properties listed for slum clearance.

**SUMMARY OF SANITARY IMPROVEMENTS
EFFECTED DURING 1958**

Interior of Houses

Floors repaired or renewed	...	...	42
Walls and Ceilings replastered	...	...	75
Dampness abated	...	...	23
New glazed sinks provided	...	...	21
Windows enlarged or repaired	...	...	19
Doors renewed or repaired	...	...	38
Cooking ranges repaired or renewed	...	...	52
Water supplies improved	...	...	37

Exterior of Houses

Roofs repaired	...	...	75
Eaves gutters repaired or renewed	...	...	92
Walls repointed	...	...	63
Walls rendered	...	...	8
Yards paved	...	...	4
Boundary walls repaired	...	...	8

Drainage

Drains cleared from obstruction	...	...	203
Defective drains relaid	...	...	24
Inspection chambers provided	...	...	6
Cesspools abolished	.....	...	1
Soil pipes repaired	...	...	4

Sanitary Accommodation

W.C. pedestals renewed	...	...	18
W.C. cisterns renewed	...	...	12
Additional W.C.'s provided	...	...	6
Privies converted into W.C.'s	...	...	7
Ashpits abolished	...	...	2
Dustbins renewed	...	...	341

MEAT AND FOOD INSPECTION

The two private slaughterhouses in the area, one at Garforth and the other at Allerton Bywater have continued to be used during the year. Only three of the sixteen butchers in the area avail themselves of these facilities, the rest buying their meat ready dressed from wholesalers.

100% meat inspection has been carried out throughout the year, and the following table gives details of the animals slaughtered:—

Month	Cows	Beasts	Sheep	Pigs	Calves	Totals
January ...	2	36	32	—	—	70
February ...	—	37	38	—	—	75
March ...	—	48	45	—	—	93
April ...	—	37	42	1	1	81
May ..	—	40	37	1	—	78
June ...	—	38	59	—	—	97
July ...	—	27	53	—	—	80
August ...	—	33	67	—	—	100
September	—	28	62	1	—	91
October ...	1	19	60	—	4	84
November	—	19	48	1	—	68
December	—	20	50	23	—	93
Totals ...	3	382	593	27	5	1,010

Carcases and Offal inspected and condemned in whole or in part.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ...	382	3	5	593	29	--
Number inspected..	382	3	5	593	29	—
All diseases except Tuberculosis and Cysticerci. Whole carcasses condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned ...	23	2	—	2	—	—
Percentage of the number inspected affected with dis- ease other than tuberculosis and cysticerci	6·0%	66·6%	—	0·3%	—	—
Tuberculosis only : Whole carcasses con- demned	—	—	—	—	—	—
Carcases of which some part or organ was condemned ...	32	1	—	—	1	—
Percentage of the number inspected affected with tuber- culosis	8·6%	33·3%	—	—	3·4%	—
Cysticercosis : Carcases of which some part or organ was condemned ...	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Set out below is a list of Unsound Meat Condemned and surrendered at Slaughterhouses,
giving weights in lbs. and causes of condemnation in monthly order

Disease	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Totals
Abscesses ...	28	28	28	—	14	—	—	—	14	—	14	—	126
Cirrhosis ...	28	28	28	14	28	14	—	—	14	—	—	84	238
Distomatosis ...	—	—	—	—	—	—	—	—	—	6	—	6	12
Tuberculosis ...	—	148	202	108	—	96	54	122	80	80	14	20	924
Totals ...	56	204	258	122	42	110	54	122	108	86	28	110	1300

42 inspections of unsound food were made at shops and other food premises, and set out below is a list giving details of food condemned as unfit for human consumption. During the year any large amounts of meat condemned were disposed of to a manufacturer of fertilisers after having been stained with a green dye to prevent its possible use for human consumption.

Beef (home killed)	68 lbs.
Beef (imported)	302 lbs.
Mutton (imported)	104 lbs.
Pork (home killed)	62 lbs.
Bacon and Ham	111 lbs.
Eggs	206
Chopped Pork	12 tins
Minced Beef	24 tins
Pressed Beef	28 tins
Tomatoes	50 tins
Mixed Fruits	28 tins

BAKEHOUSES

The five bakehouses in the District were regularly inspected during the year. One of the older bakehouses was discontinued and a new well-equipped bakehouse was constructed. The standard of hygiene maintained was very high, and inspections became purely a matter of routine.

ICE CREAM

No manufacturers of ice cream operate in this area, but 39 shops are registered for the sale of ice cream. All these shops were frequently inspected and in every case they are fitted with modern refrigerators and adequate washing facilities. The method by which the bulk suppliers of ice cream instruct prospective retailers to secure registration prior to commencing in the trade has once again proved very helpful, and prevents the establishing of ice cream businesses in undesirable premises.

PRESERVED FOODS

No change in the number of premises used for the preparation and manufacture of preserved foods was made during the year, and inspections revealed that still further improvements had been carried out. Most of the 21 registered premises are fitted with refrigeration units and all have suitable washing facilities.

FOOD HYGIENE REGULATIONS

Once again it is gratifying to report further improvements in food shops throughout the area, and it is apparent that traders and public alike are becoming more food hygiene conscious. There is no doubt that the consumer public have this matter of food hygiene in their own hands and by patronage of the modern clean food shops they force the backward trader to bring his shop up to standard. This has certainly been proved correct in this District, and many traders formerly regarded as only medium have suddenly carried out improvements when they have been forced to realise that customers were leaving them.

Set out below is a list of Food premises in the district:

Fried Fish	15
Greengrocers	6
Butchers	16
Grocers	53
Sweets	16
Confectioners	10
Chemists	4
Cafes	4
Canteens	2
Licenced Premises ..	20

MILK AND DAIRIES REGULATIONS

All milk sold in the area is bottled and is either tuberculin tested or heat treated. Six dairies are registered under the above provisions and on inspection have always been found to be clean and in a good state of repair.

PREVENTION OF DAMAGE BY PESTS ACT

The following table gives details of the work carried out under the provisions of the above Act and refers to the twelve months ended 31st March, 1959. The Council employ a part-time rodent operator.

No sewer baiting was carried out during the year, as the Ministry of Agriculture, Food and Fisheries granted a Certificate of Exemption until April, 1959.

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agricul- tural
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Columns (1), (2) & (3)	
I. Number of properties in Local Authority's District	8	4,674	180	4,862	35
II. Number of properties in- spected as a result of :					
(a) Notification ..	-	34	3	37	-
(b) Survey under the Act	8	141	15	164	8
(c) Otherwise (e.g.— visited primarily for some other purpose)	-	222	25	247	18
III. Total inspections carried out—including re-inspec- tions	86	422	38	546	30
IV. Number of properties in- spected (in Section II) which were found to be infested by :					
(a) Rats { Major ..	1	-	-	1	-
{ Minor ..	3	52	7	62	6
(b) Mice { Major ..	-	-	-	-	-
{ Minor ..	-	6	2	8	3
V. Number of infested prop- erties (in Sect. IV) treated by the L.A. ..	4	56	3	63	-
VI. Total treatments carried out — including re-treat- ments.	30	61	4	95	-

CLEAN AIR ACT, 1956

In this area the only industrial chimney is the one at Allerton Bywater Colliery and this, in years past, has been a constant offender. However, during 1958, the colliery has been electrified, and the chimney demolished, thus removing any cause for complaint.

Little progress has been made in the abolition of domestic smoke, and until the question of miners' concessionary coal is settled there appears to be little chance of improvement. The Council have, however, agreed to the adoption of a model building byelaw for use under Section 24 of the Act, the purpose of which is to secure that domestic appliances in new buildings are of types which can be operated without smoke.

REFUSE COLLECTION AND DISPOSAL

Once more the refuse collection service was carried out regularly throughout the year, all bins being emptied at weekly intervals. Due to the improved quality of much of the miners' concessionary coal much less trouble is experienced because of slate and dross, but the great increase in house building in this area will inevitably make it necessary to increase the personnel of the cleansing department.

The problem of tipping space in the Kippax area will very soon become acute, and as no suitable site has yet been found, it may be necessary to haul the refuse a much greater distance to the disposal point, with consequent loss of time on collection. This, of course, brings up the question of the advisability of purchasing larger type vehicles which would make less journeys per day to the tips.

Salvage has continued throughout the year, and the income is slightly in excess of last year's in spite of a drop in prices obtained. This is in the main due to a rise in the tonnage of salvaged waste paper and scrap iron.

	Tons	Cwts.	Qrs.	Lbs.	£	s.	d.
Waste Paper ...	60	10	3	0	393	9	9
Rags ...	7	8	0	0	125	3	3
Scrap Iron	4	14	0	0	32	14	6
Aluminium ...		8	3	11	49	7	0
Brass ...		4	3	1	19	18	6
Lead ...		2	0	9	5	14	10
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	73	2	1	21	£626	7	10
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

In conclusion, may I thank the Chairman and Members of the Council, and in particular the Chairman of the Public Health Committee, for their continued help and encouragement throughout the year.

Once again it gives me great pleasure to pay a tribute to the work of Mr. Cockerham, the additional Public Health Inspector, who has as usual carried out his duties loyally and efficiently.

I remain, Madam and Gentlemen,

Yours faithfully,

R. A. NAYLOR,
Public Health Inspector.

